## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000077533

Entity Name: UNIDES, INC.

FILED May 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1795 NE 164TH STREET 16410 NE 19TH AVENUE

NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

Current Mailing Address: New Mailing Address:

1795 NE 164TH STREET 16410 NE 19TH AVENUE

NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-0864740 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GONZALEZ, RICARDO MERCADO, JOSE DR. 16485 COLLINS AVE - 1932 3172 RIDGE TRACE DR SUNNY ISLES, FL 33160 US DAVIE, FL 33328 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE MERCADO 05/21/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP,S () Delete Title: P,S (X) Change () Addition

 Name:
 GONZALEZ, RICARDO MR
 Name:
 MERCADO, JOSE DR.

 Address:
 16485 COLLINS AVENUE, APT. 1932
 Address:
 3172 RIDGE TRACE DR

 City-St-Zip:
 SUNNY ISLES, FL 33160
 City-St-Zip:
 DAVIE, FL 33328

Title: P,S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MERCADO, JOSE A DR
 Name:

 Address:
 3172 RIDGE TRACE
 Address:

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VALCIN, FRANKLIN DR
 Name:

 Address:
 14641 SOUTH SPUR DRIVE
 Address:

 City-St-Zip:
 NORTH MIAMI, FL 33161
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MERCADO P 05/21/2009